

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017704

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 92

FILED APR 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD#2 Sikeston		c. CITY OR TOWN Sikeston RFD#2	
Length of stay in 1b 37 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#2 Sikeston		d. STREET ADDRESS (If outside, give location) RFD#2 Sikeston	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Harvey William New		4. DATE OF DEATH Month Day Year April 21, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-92
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min. 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Thaxton, Mississippi		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William New		13b. MOTHER'S MAIDEN NAME Ellen Cleveland	
14. NAME OF HUSBAND OR WIFE Maudie New		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mr. Talmadge New, R#2 Charleston	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct DUE TO (b) Coronary Thrombosis DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombophlebitis - left leg		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Apr 9 1962 to Apr 21 1962 and last saw him alive on Apr 9 1962 Death occurred at APPROX. 12:15 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. Charles Rolwing M. D.		22b. ADDRESS Charleston, Mo.	
22c. DATE SIGNED 4-21-62		23. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTOR NUNNELLY FUNERAL CHAPEL		25. DATE RECD. BY LOCAL REG. 4-25-1962	
26. REGISTRAR'S SIGNATURE [Signature]		27. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John T. Annelle*

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.